



CITY OF SUGAR LAND

COMMERCIAL BUILDING PERMIT APPLICATION

FOR OFFICE USE ONLY

Application #: _____

Date Entered: _____

PROJECT

ADDRESS: _____

PROJECT NAME: _____ SUBDIVISION: _____

NOTE*INITIAL COMMERCIAL PLANS REVIEW PERIOD TAKES A MINIMUM OF 14 BUSINESS DAYS; RESIDENTIAL PLANS REVIEW PERIOD TAKES A MINIMUM OF 7 BUSINESS DAYS TO COMPLETE.**

TYPE OF

☐ NEW COMMERCIAL GROUND UP

PERMIT:

* SITE PLAN APPROVAL REQUIRED TO OBTAIN NEW COMMERCIAL BUILDING GROUND UP BUILDING PERMIT

☐ Commercial Remodel

☐ Commercial Buildout

☐ Commercial Addition

☐ Demolition

☐ Piers

☐ Flatwork

☐ Foundation

☐ Moving

☐ Fencing

PROPOSED USE: _____ SQUARE FOOTAGE: _____ VALUATION: \$ _____

COMMERCIAL PROJECTS ONLY

TDLR NUMBER: _____ ◀ (If valuation is > \$50,000) Texas Accessibility Standards (ADA 800/803-9202)

☐ A copy of the asbestos survey for the area(s) to be renovated/demolished has been included with this permit application. This survey has been done in accordance with the Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP).

If there is no survey submitted, then as the owner/operator of the renovation/demolition site, I understand that it is my responsibility to have this asbestos survey conducted in accordance with Texas Asbestos Health Protection Rules (TAHPR) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) prior to a renovation/demolition permit being issued by the City of Sugar Land.

Contractor	Street Address	City	State	Zip Code	Phone	EMAIL
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Owner	Street Address	City	State	Zip Code	Phone	EMAIL
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Engineer/Architect/Designer	Street Address	City	State	Zip Code	Phone	EMAIL
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Separate permits are required for electrical, plumbing, heating, ventilating and air conditioning. This permit becomes null or void if work or construction authorized is not commenced within six (6) months, or if construction or work is suspended or abandoned for a period of six (6) months at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

****THE FOLLOWING CONTACT INFORMATION MUST BE FILLED OUT****

Signature Of Owner or Authorized Agent	Date	Printed Name	Company
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Street Address	City	State	Zip Code
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Phone	Fax	Cell	Email
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3 FULL SETS OF PLANS ARE REQUIRED UPON SUBMITTAL

Plan Check Fee (Due at time of submittal):\$ _____

Building Permit Fee: \$ _____

PROJECT DATA SHEET

PROJECT
ADDRESS: _____

PROJECT NAME: _____
SUBDIVISION: _____

COMMERCIAL PROJECTS PLEASE FILL OUT THE FOLLOWING

USE / OCCUPANCY GROUP: _____ MAX. OCCUPANCY: _____
(per IBC Sec. 302) (per IBC Sec. 1004)

TYPE OF CONSTRUCTION: _____ FIRE SPRINKLERS: YES / NO
(per IBC Ch. 6) (Please Circle One)

TOTAL SQUARE FOOTAGE: _____ ZONING DISTRICT: _____

DESCRIBE USE & OCCUPANCY:

FOR OFFICE USE ONLY

PERMIT FEE: \$ _____ PLAN CHECK FEE: \$ _____ DEMO FEE: \$ _____

TOTAL FEE: \$ _____

PLAN REVIEWED BY: _____

APPROVED FOR ISSUANCE BY: _____



Insurance Requirements

**Sugar Land Development Code
Chapter 7
Article II. Buildings**

Section 7-16. Code Amendments

105.8. *Insurance Required.* As a condition to the issuance of the permit, the Contractor shall submit proof that the contractor has: Workers' Compensation insurance as required by law; general liability insurance of at least \$100,000 for any one accident and \$300,000 for any one person; and property damage insurance of at least \$50,000 for any one accident and \$1,000 for any one piece of property.

The Certificate Holder Box Must Read:

Certificate Holder Box
City of Sugar Land Attn: Development Services/Permits P.O. Box 110 Sugar Land, TX 77487-0110

Proof of insurance can be faxed to (281) 275-2271.



EFFECTIVE AUGUST 1, 2003

**PLAN-CHECKING FEES WILL BE REQUIRED
AT THE TIME OF SUBMITTING PLANS
AND SPECIFICATIONS FOR CHECKING**

RECOMMENDED SCHEDULE OF PERMIT FEES

***PERMIT FEES**

Total Valuation	Fee
\$1 to \$50,000-----	\$15 for the first \$1,000 plus \$5 for each additional thousand or fraction thereof, to and including \$50,000.
\$50,000 to \$100,000-----	\$260 for the first \$50,000 plus \$4 for each additional thousand or fraction thereof, to and including \$100,000.
\$100,000 to \$500,000-----	\$460 for the first \$100,000 plus \$3 for each additional thousand or fraction thereof, to and including \$500,000.
\$500,000 and up-----	\$1,660 for the first \$500,000 plus \$2 for each additional thousand or fraction thereof.

***PLAN-CHECKING FEES**

When the valuation of the proposed construction exceeds \$1,000 and a plan is required to be submitted, a **plan-checking fee shall be paid to the building official at the time of submitting plans and specifications for checking.** Said plan-checking fee shall be equal to one-half of the building permit fee. Such plan-checking fee is in addition to the building permit fee. **2003 International Building Code© - Section 108**

Three full sets of plans, including site plan, are required at the time of submittal.

2003 International Building Code www.iccsafe.org

2005 National Electrical Code www.nfpa.org

**Thank you,
Development Services Management**

ASBESTOS REGULATION

Senate Bill 509

An Act

which became effective on January 1, 2002,

relating to an asbestos survey before issuance of a building permit to renovate or demolish certain buildings.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. The Texas Asbestos Health Protection Act (Article 4477-3a, Vernon's Texas Civil Statutes) is amended by adding Section 13 to read as follows:

Sec. 13. SURVEY REQUIRED. (a) In this section, "permit" means a license, certificate, approval, registration, consent, permit, or other form of authorization that a person is required by law, rule, regulation, order, or ordinance to obtain to perform an action, or to initiate, continue, or complete a project, for which the authorization is sought.

(b) a municipality that requires a person to obtain a permit before renovating or demolishing a public or commercial building may not issue the permit unless the applicant provides:

- (1) evidence acceptable to the municipality that an asbestos survey, as required by this Act, of all parts of the building affected by the planned renovation or demolition has been completed by a person licensed under this Act to perform a survey; or**
- (2) a certification from a licensed engineer or architect, stating that:**
 - a. the engineer or architect has reviewed the material safety data sheets for the materials used in the original construction, the subsequent renovations or alterations of all parts of the building affected by the planned renovation or demolition, and any asbestos surveys of the building previously conducted in accordance with this Act; and**
 - b. in the engineer's or architect's professional opinion, all parts or the building affected by the planned renovation or demolition do not contain asbestos.**

SECTION 2. This Act takes effect September 1, 2001.

SECTION 3. This Act applies only to a permit for renovation or demolition of a public or commercial building issued on or after January 1, 2002. A permit for renovation or demolition of a public or commercial building issued before January 1, 2002, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.



DEVELOPMENT SERVICES

2003 INTERNATIONAL ENERGY CONSERVATION CODE

Compliance Procedures

Plan Review Requirements

The City of Sugar Land shall require any persons requesting a Building Permit for new construction or a remodel/addition of a structure to submit proof of compliance with the 2003 International Energy Conservation Code.

Approved Method:

COM check Commercial Energy Code Compliance Software

1. Provide a COM check Compliance Report and a COM check Inspection Checklist. (COM check software is available free of charge thru the US Department of Energy by calling 1-800-270-CODE) www.energycodes.gov
2. Include with the above information three complete sets of construction drawings. (Include with the drawings)
 - a. A door schedule detailing the Gross Area, U-Factor and the type of each individual door located in the building envelope.
 - b. A window schedule detailing the Gross Area, U-Factor and the type of each individual window located in the building envelope. Note: (The area-weighted average Solar Heat Gain Coefficient (SHGC) of all glazing cannot exceed 0.4)
 - c. A detail identifying the R-Value of the insulation to be installed in the walls and at the ceiling located in the building envelope.

The provisions of this document are not intended to prevent an alternative method of compliance provided the Building Official finds that the proposed method is satisfactory and complies with the intent of the provisions of the 2003 International Energy Conservation Code.

Please feel free to contact our office if you have any questions regarding the above information at (281) 275-2270.

TEXAS ARCHITECTURAL BARRIERS

**Senate Bill 484, which became
effective on June 17, 2001,
requires municipalities,
prior to accepting an application for a
construction permit for a non-residential project
that will cost in excess of \$50,000,
to verify that the building or
facility has been registered with the
Texas Department of Licensing and
Regulation (TDLR) for compliance with
Texas Accessibility Standards.**



INDUSTRIAL PRETREATMENT QUESTIONNAIRE

PLEASE COMPLETE THIS FORM AND RETURN TO:

Polly Witte
City of Sugar Land
P.O. Box 110
Sugar Land, TX 77487-0110
281-275-2493

Please answer the following:

1. Name of Business: _____ Telephone: _____
2. Location: _____
Mailing Address: _____
3. Owner: _____
4. Type of Business: _____
5. On-site processes: _____
6. Water Customer Account Number: _____
7. Federal SIC number: _____
8. Waste process: _____
9. Major Chemicals Used: (soaps, detergents, caustics, solvents, acids, metal salts, cyanides) _____
10. Water Source (check): City _____ Metered _____ Private Well _____ Unmetered _____
11. Method of Wastewater Disposal: (Check all that apply.)
City Sewer _____ Septic Tank _____ Haul _____ Other _____
12. Wastewater estimated to be discharged in sewer system on operating days:
Maximum _____ GPD Minimum _____ GPD Average _____ GPD
Check One: Domestic _____ Industrial _____ Both _____
13. Volume of Grease Trap: _____ Volume of Sand Trap: _____
Water Volume of Settling Tank: _____ gallons
Other: (Describe) _____
Serviced By: _____ Telephone: _____
Address: _____ Frequency: _____
14. Other Wastes: _____

Are there any liquid wastes generated and disposed of in the sewer system? Yes___ No___

If yes, these wastes may be best described as:

___ Inks/Dyes	___ Paints
___ Trace Metals	___ Pesticides
___ Oil and Grease	___ Plating Wastes
___ Organic Compounds	___ Solvent Thinners
___ Acids or Alkalies	___ Pretreatment Sludge
___ Other Wastes: (Describe)	

Are there any liquid wastes or sludge disposed of by other means? Yes___ No___

If yes, describe: _____

For the aforesaid wastes, does your company practice:

___ On-Site Storage
___ On-Site Disposal
___ Off-Site Disposal

Services By: _____ Telephone: _____

Address: _____ Frequency: _____

I have personally examined and I am familiar with the information submitted in this document and attachments.
Based upon by inquiry of those individuals immediately responsible for obtaining the information reported herein,
I believe that the submitted information is true, accurate and complete.

Signature of Official: _____

Please Print Name: _____

Title: _____

Date: _____



CITY OF SUGAR LAND

WATER AND WASTEWATER EQUIVALENT CONNECTIONS

Project Name:				
Address:			City, State, Zip:	
Legal Description:				
Previous/Current Use:		Proposed Use: <i>(Refer to the backside for this form)</i>		Unit of Measure:
Owner's Name:		Address:		City, State, Zip:
Owner's Contact Person:		Telephone: E-mail Address:		Fax:
Builder's Name:		Address:		City, State, Zip:
Builder's Contact Person:		Telephone: E-mail Address:		Fax:
Square Footage	Sanitary Sewer Lead Size	Water Meter Size (Inches)		
		<input type="checkbox"/> Domestic	<input type="checkbox"/> Fire	<input type="checkbox"/> Irrigation

I HEREBY CERTIFY THAT THE DATA PRESENTED ABOVE IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Printed Name Owner, Builder or Agent (Signature) Telephone Date

DEPARTMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)

SERVICE AREA NO.: _____

TOTAL FLOW
DIVIDED BY 315 GPD = _____
COMPUTED BY: _____

TOTAL EQUIVALENT CONNECTIONS
DATE: _____

cc: Revenue Officer (Original)
Owner/Builder
Engineering Department

STANDARD SANITARY SEWER USAGE CATEGORIES

Circle the item that most accurately defines your business and fill in the quantity

<u>INTENDED/PREVIOUS USE:</u>		<u>UNIT OF MEASURE</u>	<u>INTENDED/PREVIOUS USE:</u>		<u>UNIT OF MEASURE</u>
A)	Residential Development			reclaim (wand type)	# Bays
	1. Single Family Residential	# of Units	c.	Commercial w/o reclaim	
	2. Townhouse/Patio/Cluster Homes	# of Units		(tunnel type)	# of Bays
	3. Duplex/Triplex	# of Units	d.	Commercial w/ reclaim	
	4. Fourplex	# of Units		(tunnel type)	# of Bays
	5. Condominium	# of Units	G)	Recreational Development	
	6. Apartment with Washer/Dryer	# of Units		1. Theater Indoor	# of Seats
B)	Institutional Development			2. Skating Rink	# Capita
	1. Church			3. Bowling Alley	# of Lanes
	a. Sanctuary	# of Seats		4. Swimming Pool	# of Swimmers
	b. Administration Building	# Personnel		5. Stadium	# of Seats
	c. Day School Classroom	# Students		6. Health Club/Spa w/Swimming Pool and/or whirlpool	# Member/Day
	2. School				
	a. Unspecified	# Students		7. Health Club/Spa w/o Swimming Pool and/or whirlpool	# Member/Day
	b. Elementary	# Students			
	c. Day Care Center	# Students		8. Racquetball Club	# of Courts
	d. Residential	# Students	H)	Service Station Development	
	e. Dormitory	# Students		1. Station w/service (maximum of 1000 GPD if no car wash)	# of Islands
	3. Hospital	# of Beds		2. Self Service Station	#Sq. Ft.
	4. Nursing Home	# of Beds	I)	Hotel/Motel Development	
	5. Prison	# Inmates		1. Hotel/Motel (excluding restaurant)	# of Rooms
C)	Office/Retail Development			2. Hotel/Motel (w/kitchenettes)	# of Rooms
	1. Office Building	# Sq. Ft.	J)	Industrial Development	
	2. Retail Store	# Sq. Ft.		1. Warehouse	# Sq. Ft.
D)	Restaurant Development			2. Factory w/shower	# Capita
	1. Average Full Service 10-12 Hours	# of Seats		3. Factory w/o shower	# Capita
	2. Twenty Four (24) Hour Full Service	# of Seats		4. Factory Residential	# Capita
	3. Tavern or Lounge (No Food Service)	# of Seats		5. Industrial Laundry	# Capita
	4. Soda Fountain (Ice Cream Parlor)	# of Seats		6. Clothes or Manufacturing	# Sq. Ft.
	5. Fast Food Paper Plate Service	# of Seats	K)	Transportation Terminal Development	
	6. Bakery	# Sq. Ft.		1. Transportation Terminal (excluding restaurants)	# Passenger
	7. Pizza Parlor	# of Seats	L)	Other	
	8. Fast Food (No Seating)	# Sq. Ft.		1. Film Processor	# Processor
E)	Barber/Beauty Shop	# Shampoo Bowls		2. Fire Station	# Personnel
F)	Cleaning Development			3. Funeral Homes	# Personnel
	1. Washeteria (Based on 50 G/Wash and 10Washes/day)	# Machines		4. Technicolor One Hour Photo	# of Stores
	2. Carwash			5. Irrigation	gal/yr
	a. Individual Bay, self service w/o reclaim (wand type)	# Bays	M)	Not listed - call (281) 275-2780	
	b. Individual Bay, self service with				

Cleaning Development (con't)